Medical care in rural areas

1536. SHRI RAMDAS AGARWAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have, so far, chalked out any time-bound programme to provide medical care in remote rural areas in States like Rajasthan and Orissa, in particular and other States in general;

(b) whether Government are aware that health care industry has a potential of creating 30 million jobs in the country; and

(c) if so, what steps Government have taken so far to harness the potential of health care industry in generating employment besides health checking programmes, particularly in above-mentioned States?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) Yes, Sir. Health Care Service in rural and remote areas of the country including Rajasthan and Orissa are provided through a system of Primary Health Care Infrastructure including Sub-centres, Primary Health Centres and Community Health Centres. The Central Government supplements the efforts of the State Government to strengthen Health Care Services with the following interventions.

(i) Under the State Health Systems Project, the Community Health Centres and District Hospitals arc being upgraded and better equipped to provide quality health services to people in rural and backward areas.

(ii) Under the Pradhan Mantri Gramodaya Yojana, specific funds are allocated towards the repair and renovation of the public health infrastructure, purchasing of drugs and essential consumables as well as towards contingencies.

(iii) Area Development Project are being implemented with financial assistance from external agencies for addressing gaps in integrated service delivery through the construction of buildings for sub-centres, primary health centres and community health centres.

(iv) Under the Reproductive and Child Health Programme, the following steps are being taken to strengthen the primary health services in the Country:

- Major Civil Works for repair/construction of OT/Labour Room
- Provision of equipments/medicine for emergency obstetric care at first referral units
- Financial assistance for contract appointment/hiring of Anesthetists/Gynaecologists/Safe Motherhood consultants/ Staff Nurses/Lab. Technician, Additional ANMs etc.
- Skill based in-service training for capacity building of ANMs and other health functionaries.

Efforts are also being made to increase the outreach of health care services through Swasthya Melas and Reproductive and Child Health camps etc.

Rajasthan and Orissa have been included in the list of Empowered Action Group States focus attention on addressing the unmet need for basic and essential health care services through the implementation of area specific programmes and partnership with voluntary associations, community organizations and panchayatiraj institutions.

It is further envisaged that village self-help groups be utilized to organize and provide basic services for Reproductive and Child Health care, combined with the ongoing Integrated child of Development Scheme. Aanganwadi Centres could become the center for disseminating basic health care activities, contraceptive counseling as well as supply, nutrition, education and supplementation as well as pre-school activities. These could also function as depots for ORS/ basic medicines and contraceptives.

(b) and (c) Yes, Sir. Government are aware that health care industry has a potential of creating a large number of jobs in the country. The Government alone cannot meet all the health needs of the people. With this in view, collaboration with the industry is proposed. The following operational strategies have been envisaged which would also generate employment besides improving health care:

1. The corporate sector and industry could, for instance, take on

the challenge of strengthening the management information systems in the seven most deficient States, at district hospitals and primary health center levels by introducing electronic data entry machines to lighten the tedious work load of ANMs and the multi-purpose workers at sub-centres and the doctors at the primary health centers, while targeting wider coverage and outreach.

2. Collaborate with non-Government sectors in running professionally sound advertisement and marketing campaigns for products an services, targeting all segments of the population, from village level upwards, in other words, strengthen advocacy and IEC, including social marketing of contraceptives.

3. Provide markets to sustain the income-generating activities from village levels upwards. In turn, this will ensure corisistent motivation among the community for pursuing health and education-related community activities.

4. Help promote transportation to remote and inaccessible areas from village levels upwards.

5. The social responsibilities of the corporate sector in industry must, at the very minimum, extend to providing preventing reproductive and child health care for its own employees (if 100 workers are engaged).

6. Create a national network consisting of voluntary, public, private and non-Government health centres, identified by a common logo, for delivering reproductive and child health services, free to any client. The provider will be compensated for the service provided, on the basis of a coupon system, duly counter-signed by the beneficiary and paid for by a system that will be fully articulated. The compensation will be identical to providers, across all sectors. The end user exercises choices in the source of service delivery. A committee of management experts will be set up to devise ways of ensuring that this system is not abused.

7. From a consortium of the voluntary sector, the non-Government sector and the private corporate sector to aid Government in the

provision and outreach of basic reproductive and child health care and basic education.

8. In the area of basic education, set up privately run/managed primary schools for children up to age 14-15. Alternately, if the schools are set up/managed by the panchayat, the private corporate sector could provide the mid-day meals, the text-books and/or the uniforms.

Names and addresses of clinics with ultrasound equipments

1537. SHRIMATI JAYAPRADA NAHATA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Supreme Court sought the names and addresses of clinics that had been supplied with ultrasound equipments to help to identify unregistered clinics to check femicide; and

(b) if so, the progress made in collecting the information from different States/agencies?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) The Supreme Court of India in its Order dated 11th December, 2001 has directed the following companies to supply information as to how many machines they have sold to various clinics within the last five years including names and addresses of buyers thereof and also their Service providers:—

1. Uma Parameshwaranh, CEO, Wipro GE Medical Systems Ltd., A-l, Corporate Towers, Golden Enclave, Airport Road, Bangalore-560 017.
2. Toshbro Shimandzu Ltd., Khetan Bhavan, 2nd Floor, Mumbai-400 020.
3. ERBIS Engineering Co. Ltd., 2E/12, 4th Jhandcwalan Extension, New Dclhi-110005.
4. V. Prabhakar, CEO, ATL India Ltd., 79 & 94 Developed Plots, Perungadi, Chennai-700 096.
5. Larsen & Toubro Ltd. (Medical Equip Division), Regional